

Date: January 26, 1993

To: Nursing Homes
 Home Health Agencies

NH 3
HHA 2

From: Larry Tainter, Director
Bureau of Quality Compliance

Subject: Nurse Practice Guidelines

Enclosed are the first group of four Practice Guidelines developed by the Nursing Home Protocol Task Force. They cover: change of condition, fever, crushing medications and adding medication to food. These guidelines are designed to offer a model for nursing homes and home health agencies to use in setting up working arrangements with attending physicians that maximize care, communication and efficiency.

History

In 1988 the Wisconsin Nurses Association (WNA) division on Gerontological Nursing Practice, in response to the American Nurses Associations' initiative to study long term care issues, undertook a project to study the issue of autonomy in nursing practice. The focus of this study was to look at the regulation of nursing practice in nursing homes and to address areas where nursing could or should expand their scope of practice. Both the Wisconsin Association of Medical Directors (WAMD) and the Bureau expressed interest in the clarification of nursing practice in terms of physician acceptance and any regulatory impact on more autonomous nurse practice.

The Nursing Home Protocol Task Force was established under the coordination of the Wisconsin Nurses Association gerontological division members who have taken the lead in direction of task force activity. Groups represented on the task force include the WNA, WAMD, the nursing home associations and BQC.

Use

Use of these guidelines is strictly voluntary. There are no regulations that require their use.

These guidelines do not take the place of, or exempt, facilities from meeting state and federal regulatory requirements. The guidelines, to date, have not been found to be in conflict with state and federal regulations.

If you choose to adopt any or all of the guidelines for use, it is expected that the same procedures used for the adoption and implementation of any other facility procedures will be followed, i.e., individualize the guideline as needed, proceeding through administrative review and approval and thoroughly inform and inservice all staff and attending physicians of the procedures.

In addition to the four guidelines that are attached, additional ones covering maintaining skin integrity and nursing management of pressure ulcers are soon to be piloted in a number of nursing homes. The task force continues to develop and work on the refinement of additional guidelines.

If you have questions and/or comments relating to the attached guidelines, please contact Ruth Benzie, R.N., at (608) 266-7881.

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Enclosure